



BPA VACANCY ANNOUNCEMENT (#001674-02-DE-A2)

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION**

POSITION: ASSISTANT DISPATCHER TRAINEE, BB-5407, VANCOUVER/SPOKANE, WA

OPENING DATE: 08/26/02	CLOSING DATE: OPEN UNTIL FURTHER NOTICE	HOURLY PAY RATE: \$33.01
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Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

DATE AMENDMENT ISSUED:10/10/02
Amendment #2

PURPOSE OF AMENDMENT

TO ADD GEOGRAPHIC AVAILABILITY SHEET



AMENDMENT TO BPA VACANCY ANNOUNCEMENT (#001674-02-DE-A)

U.S. DEPARTMENT OF
ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION: ASSISTANT DISPATCHER TRAINEE, BB-5407, VANCOUVER/SPOKANE, WA		
OPENING DATE: 08/26/02	OPEN UNTIL FURTHER NOTICE	HOURLY PAY RATE: \$33.01

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DATE AMENDMENT ISSUED: 09/04/02
Amendment #1

PURPOSE OF AMENDMENT

- TO CHANGE THE SALARY TO REFLECT CURRENT RATES OF PAY.



BPA VACANCY ANNOUNCEMENT (#001674-02-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION: ASSISTANT DISPATCHER TRAINEE, BB-5407, VANCOUVER/SPOKANE, WA

OPENING DATE
08/26/02

CLOSING DATE
OPEN UNTIL FURTHER NOTICE

HOURLY PAY RATE
\$27.63

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

POSITION LOCATIONS: Transmission Business Line, Operations and Planning, Dittmer Dispatch/Munro Dispatch-TOD/TOV

Veteran's Preference: A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP/ICTAP): Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to www.bpa.gov. You may also call the point of contact for this position for information and assistance.

NOTES:

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

Current permanent Federal employees with status may also apply under Merit Promotion procedures. Merit Promotion announcements can be viewed at www.bpa.gov. Applicants selected from this DEU announcement will serve a one-year probationary period regardless of current or former Federal service.

In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

If selected, applicant will be required to pass a pre-employment physical examination.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees will be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to non-selection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

SELECTIVE PLACEMENT FACTOR: Selected applicants are required to obtain and maintain a valid state driver's license. Applicants must submit a copy of their complete driving record (covering the past 3 years and dated within the last 3 months), along with their application. Candidates with a poor driving record and/or revocation of license will be immediately disqualified from consideration.

DUTIES AND RESPONSIBILITIES:

Assistant Dispatcher Trainee, under direct supervision of a Journeyman Substation Operator or System Dispatcher, may operate high voltage electrical equipment in an electrical power transmission system substation and on transmission lines. Specific tasks vary with the type of job to be completed.

The Trainee is expected to gain knowledge of BPA's Accident Prevention Manual, the various work processes, high voltage power system equipment, associated protective relays, the use of proper terminology, and understanding of high voltage power system operation. This knowledge must be demonstrated by the passing of oral and/or written examinations on each subject. All these tasks will be progressively more difficult throughout their training. The Training Program's duration is 3 to 12 months depending upon previous experience and the trainee's ability to progress through the program.

1. Meet the objectives for knowledge of the purpose and the rules that comprise BPA's Accident Prevention Manual.
2. Meet the objectives for knowledge of the purpose and method used to maintain voltage schedules by the operation of transformer taps, capacitors, or reactors, generators, and transmission lines.
3. Meet the objectives for knowledge of the purpose and method used to control loading of transmission lines and substation equipment by the operation of substation and generating plant equipment.
4. Meet the objectives for knowledge of the purpose and method used to determine the feasibility of removing transmission lines and substation facilities from service and approve switch orders to accomplish it.
5. Meet the objectives for knowledge of the purpose and method used to direct prearranged and emergency switching.
6. Meet the objectives for knowledge of the purpose and method used to Issue Clearance, Hold Orders, and equipment tags on electrical facilities for the protection of workers.
7. Meet the objectives for knowledge of transmission system protection equipment.
8. Meet the objectives for knowledge of how to perform functions on the SCADA computer system.
9. Meet the objectives for knowledge of Substation Operating Bulletins.
10. Meet the objectives for knowledge of the purpose and method used to perform other tasks as assigned.

There will be assignments with various other functions to learn their working processes and relationships between BPA crafts. These assignments will be determined based on the Trainee's prior experience. The assignments will usually be short-term (2 weeks or less) and will occur throughout the training period, assignments may include but are not limited to:

- Substation Electrical Maintenance
- Transmission Line Maintenance
- System Protection and Control Maintenance
- Power System Control Maintenance
- Test and Energization (Construction)
- Power Generating Facility
- The Celilo High Voltage DC Converter Station
- Transmission Scheduling Groups

WORKING CONDITIONS:

Assistant Dispatcher Trainees must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The duties may be performed on rotating shifts. Physical demands include climbing a system group display board ladder. Mental strain may result from the responsibility of following exacting procedures under emergency conditions. Assistant Dispatcher Trainees must be able to give complete, concise, and clear directions and elicit full detailed information by the use of the telephone. Must have good distance vision in one eye and the ability to read printed material the size of typewritten characters with or without correction. They must be able to distinguish basic colors, specifically, red, orange, yellow, brown, blue, green, and purple in order to distinguish electrical components and to read and adjust color video display terminals. They must have the ability to hear the conversational voice, with or without mechanical assistance.

The Trainee can expect to be in a travel status approximately 85%, since assignments away from the headquarters will be required to complete some of the work processes and training.

The total costs of tuition, books, and related materials will be paid by BPA. Trainees will be paid for travel and per diem expenses, in accordance with applicable travel regulations, for expenses incurred in connection with mandatory training. When the Trainee is in travel status, travel from the place of lodging to training site and the return to the place of lodging is on the Trainee's own time.

CONDITIONS OF EMPLOYMENT:

Persons filling the Assistant Dispatcher Trainee positions are required to meet all of the following conditions:

Satisfactory completion of all aspects of all associated training materials and classroom instruction is mandatory for graduation. Additionally, written tests on all training modules and a final oral review must be passed to be promoted to Assistant Dispatcher.

To successfully complete this program a trainee will need to commit approximately 15 hours study each week on average on trainee's own time during the program. This time will be used to complete assigned lessons, study assigned material, organizing information acquired during regular work hours, preparing for classroom training and preparing for examinations.

Failure to demonstrate satisfactory progress will result in removal from the training program. The employee may be administratively reassigned to an available position for which they qualify or terminated in accordance with personnel rules and regulations.

Meet assigned objectives for knowledge of and follow the safety practices of the BPA Accident Prevention Manual.

Possess at all times a valid state driver's license. Traffic citations indicating poor driving habits may disqualify applicants, and can be cause for removal from the program.

In addition to a successful completion of all examinations, the trainee must become certified by passing the current year's Standard Clearance Certification examination. The Trainee must possess a valid BPA Electrical Worker Permit and a Standard Clearance Certification before promotion to Assistant Dispatcher.

An Assistant Dispatcher must possess NERC and WECC System operator Certification before promotion to System Dispatcher. Management will provide training in order to prepare to take and pass NERC and WECC System Operators Exams.

QUALIFICATION REQUIREMENTS: Applicants must have had progressively responsible experience and training sufficient in scope and quality to successfully perform the duties of the position without more than normal supervision. Applicants will be evaluated on the basis of experience, education, and training on the following elements. Applicants should submit the Supplemental Questionnaire for Assistant Dispatcher Trainee, BB-5407, that addresses the following **KSA's**. Experience/training shown in your supplemental questionnaire must be reflected in your application.

1. Ability to perform the work of an Assistant Dispatcher Trainee without more than normal supervision.
2. Knowledge of electrical theory as it applies to a high voltage transmission system.
3. Knowledge of electrical power system technical practices.
4. Ability to interpret instructions and procedures.
5. Knowledge of the safety rules, switching, and clearance procedures of a large interconnected power system.

BASIS OF RATING: No written test is required. Ratings will be based on an evaluation of the quality and extent of experience, education and training in relation to the KSA's identified on the Supplemental Questionnaire for Assistant Dispatcher Trainee, BB-5407. **YOU ARE REQUIRED TO SUBMIT THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR ASSISTANT DISPATCHER TRAINEE, BB-5407. Failure to submit the supplemental for this position may negatively affect your eligibility and/or rating.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

- **Your resume, or other application, that fully describes your education and experience.**
- Supplemental Questionnaire for Assistant Dispatcher Trainee, BB-5407.
- Driving record abstract for past three (3) years
- Optional Form 306 – Declaration for Federal Employment
- DOE Form 1600.7e APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
- Member 4 copy of Military Discharge Papers, DD-214 (if applicable)
- SF-15, Application for 10-point Veteran Preference with proof of your claim (including letter of compensable disability dated within the last 12 months), if applicable
- Applicant's Statement of Selective Service Registration Status

APPLICATION INFORMATION:

There is no specific required application form, however, there is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- Applicants will not be contacted for missing information.

REQUIRED INFORMATION ON RESUMES:

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your Social Security Number.

4. Country of citizenship.
5. Veteran's preference claimed.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

Forms Availability: All application materials may be obtained from all Bonneville Power Administration Human Resources offices 5411 NE Highway 99, Plant Services Building, Vancouver, WA; or 905 NE 11th Avenue, Portland, OR, or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our internal website, or our external website at www.bpa.gov

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Do not submit letters of recommendation, transcripts, copies of awards, training certifications, copies of position descriptions, or published works unless specifically requested above. Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

Bonneville Power Administration, ATTN: Personnel Services – CHP-PSB/2, 5411 NE Highway 99, Vancouver, WA 98663; or Bonneville Power Administration, ATTN: Personnel Services – CHP-PSB/2, PO Box 491, Vancouver, WA 98666.

RECEIPT OF APPLICATION:

Applicants will be notified of receipt of their application package.

Fax Applications:

Faxed applications should be sent to 360-418-2063. Applicants are responsible for ensuring that application materials transmit successfully.

Email Applications:

Applications should be sent as email attachments to: bpaapplicants@bpa.gov. The announcement number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

The Bonneville Power Administration is a harassment free workplace.

www.va.gov	www.bpa.gov	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans	Bonneville Power	Office of Personnel	Office of Personnel Management
Administration	Administration	Management Jobs	

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, SW, Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION A. DISABILITY STATUS

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability
16. Total deafness in both ears, with or without understandable speech.
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
25. Blind in both eyes (no usable vision, may have some light perception).
28. Missing one arm or one leg.
33. Missing hands or both arms or both feet or both legs.
35. Missing one hand or arm and one foot or leg.
64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
65. Partial paralysis of both legs, any part, or both arms, any part.
67. Partial paralysis of one side of the body, including one arm and one leg.

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- ☐ Internet web-site
 ☐ Newspaper Ad
 ☐ Trade Journal
 ☐ Other (Please indicate)

Declaration for Federal Employment

Electronic Form Approved
by CILR 07/24/02

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

GENERAL INFORMATION	
1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include City and State or Country)	4. DATE OF BIRTH (MM/DD/YY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include Area Codes) DAY NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31? ☐ YES

☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.

7b. Have you registered with the Selective Service? ☐ YES

☐ NO If "NO" go to 7c.

7c. If "NO", describe your reason(s) in item

MILITARY SERVICE

8. Have you served in the United States Military?

☐ YES Provide info

☐ NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment

Electronic Form Approved
by OMB 07/2000

ADDITIONAL QUESTIONS

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

YES

☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES

☐

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

(Sign in ink)

17b. Appointee's Signature:

(Sign in ink)

Date

APPOINTING OFFICER:

Enter Date of Appointment or Conversion
MM/DD/YYYY

18. Appointee (Only Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?

MM / DD / YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or

YES

NO

DO NOT KNOW

any type of optional life insurance?

☐☐☐

18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.

YES

NO

DO NOT KNOW

☐☐☐

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form

Revised January 2000

Previous editions obsolete and unusable

FILE CODE: PE-20-12

RETENTION: CHR/CF = 2 YRS; OTHERS = A

DEPARTMENT OF ENERGY SURPLUS OR DISPLACED EMPLOYEES REQUESTING
SPECIAL SELECTION PRIORITY CONSIDERATION

If you are currently a Department of Energy employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation you may be entitled to special priority selection under the Department of Energy's Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current Department of Energy career or career-conditional (tenure group I or II) competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of the Department of Energy. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the Department of Energy in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all application criteria , (e.g. submit all required documentation).
6. Be rated well-qualified for the position.

DISPLACED EMPLOYEES FROM OTHER FEDERAL AGENCIES REQUESTING SPECIAL SELECTION PRIORITY
CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP)

If you are a displaced Federal employee from another Agency, you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees:

A Current or former career or career-conditional (tenure group I or II) competitive service employees who:

1. Received a specific RIF separation notice, **OR**
2. Separated because of a compensable injury, whose compensation has been terminated and whose former agency certifies that it is unable to place, **OR**
3. Retired with a disability and whose disability annuity has been or is being terminated, **OR**
4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF", **OR**
5. Retired under the discontinued service retirement option, **OR**
6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area,

OR

B Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g. submit all required documentation).

Be rated well-qualified for the position

ASSISTANT SYSTEM DISPATCHER TRAINEE, BB
SUPPLEMENTAL QUESTIONNAIRE

NAME: _____

SSN: _____

BIRTH DATE: _____

Element 1: Ability to perform the work of an Assistant System Dispatcher Trainee without more than normal supervision. _____

Indicate the years of experience you have in the electrical industry: _____

Have you had experience working on transmission systems operating at $\geq 115\text{kV}$? _____

Give an example of a job you worked on which involved taking high voltage ($\geq 115\text{kV}$) equipment out of service for repair during abnormal conditions. Include your primary responsibilities, number of other journeymen on the crew and your interactions with other trades. (use additional pages if necessary)

Element 2. Knowledge of electrical theory as it applies to a high voltage transmission system.

1. Did you graduate from High School or receive GED equivalency? _____
 Equivalent number of years of post high school education _____
 College Degrees Awarded _____
 Major areas of study _____

2. Have you completed a USDL approved Apprenticeship and Training Program? _____
 If **YES** give number of years training: _____
 Craft or Trade for apprenticeship: _____
 What company sponsored the program? _____
 Which of the following did training include: Classroom _____ OJT _____
 Correspondence _____

3. List any additional formal training courses related to working on high voltage transmission systems taken in the past five years.

[illegible]

Element 2. Knowledge of electrical theory as it applies to a high voltage transmission system. (Continued)

4. For the table below use the following codes to complete each column.

LEVEL OF KNOWLEDGE (circle only one) WHERE TRAINED (circle all that apply)

- N** No knowledge of this theory either in
Education or work experience
B Basic understanding of concepts
G Good knowledge (able to use in problem solving)
C Comprehensive knowledge and ability to instruct

- HS** High School
C College
T Technical School/Apprenticeship
M Military
OJT On-The-Job
COR Correspondence Lessons

	Theory	Circle Level of Knowledge	Circle sources of Training	List Date of Training (mm/yy)
1.	Algebra	N B G C	HS C T M OJT COR	
2.	Trigonometry	N B G C	HS C T M OJT COR	
3.	DC Theory	N B G C	HS C T M OJT COR	
4.	1Ø AC Theory	N B G C	HS C T M OJT COR	
5.	3Ø AC Theory	N B G C	HS C T M OJT COR	
6.	Reactive Power	N B G C	HS C T M OJT COR	
7.	Electromagnetic/Electrostatic fields	N B G C	HS C T M OJT COR	
8.	Electric Motor Theory	N B G C	HS C T M OJT COR	
9.	Generator Theory	N B G C	HS C T M OJT COR	
10.	Vector Analysis	N B G C	HS C T M OJT COR	
11.	Complex Numbers	N B G C	HS C T M OJT COR	
12.	Transformer Theory	N B G C	HS C T M OJT COR	
13.	Arc Extinction And Interruption	N B G C	HS C T M OJT COR	
14.	Protective Relay applications	N B G C	HS C T M OJT COR	
15.	Rigging calculations	N B G C	HS C T M OJT COR	
16.	Grounding theory	N B G C	HS C T M OJT COR	
17.	Chemistry or Physics	N B G C	HS C T M OJT COR	
18.	Computer Operating Systems	N B G C	HS C T M OJT COR	
19.	Programmable Logic Controllers	N B G C	HS C T M OJT COR	
20.	Electronics	N B G C	HS C T M OJT COR	
21.	Digital Circuits theory	N B G C	HS C T M OJT COR	
22.	Transmission and distribution systems	N B G C	HS C T M OJT COR	

Element 3: Knowledge of transmission system equipment technical practices.

For each equipment type, give highest level of experience and training you have had:

1. **Have not used.**
2. **Used with the help of others or only under supervision.**
3. **Responsible for using in the performance of duties as a journeyman including teaching apprentices/trainees.**
4. **Have instructed or supervised other journeymen in using on the job and/or been principally involved in the development of procedures, instructions, testing.**
5. **Have instructed others in a formal classroom setting.**

Equipment	Circle level of Experience	Voltage range (EX. 69 kV to 230 kV)	Work done (Ex. Construction, Maintenance, Operation, Design, developed training) and Training received (Ex. Classroom, OJT)
1. SCADA Systems	1 2 3 4 5		
2. Power Circuit Breakers	1 2 3 4 5		
3. Power Transformers	1 2 3 4 5		
4. Erected Steel Structures	1 2 3 4 5		
5. Sagged Conductors	1 2 3 4 5		
6. Disconnect Switches	1 2 3 4 5		
7. Current Transformers	1 2 3 4 5		
8. Potential Transformers	1 2 3 4 5		
9. Load Tap Changers	1 2 3 4 5		
10. HV Capacitor Banks	1 2 3 4 5		
11. Overcurrent Relays	1 2 3 4 5		
12. Voltage Relays	1 2 3 4 5		
13. Differential Relays	1 2 3 4 5		
14. Pilot Wire Relays	1 2 3 4 5		
15. Impedance Relays	1 2 3 4 5		
16. Hot Line Tools	1 2 3 4 5		
17. Grounded HV equipment	1 2 3 4 5		
18. Worked under or issued Clearances	1 2 3 4 5		
19. Ammeter	1 2 3 4 5		
20. Power Factor Test Equipment	1 2 3 4 5		
21. VAR Meters	1 2 3 4 5		
22. Synchroscopes	1 2 3 4 5		
23. Watthour meter	1 2 3 4 5		

Element 4. Ability to interpret instructions and procedures.

INSTRUCTIONS: INDICATE THE HIGHEST LEVEL OF KNOWLEDGE OR EXPERIENCE WITH THE ITEMS LISTED BELOW BY CIRCILING THE APPROPRIATE NUMBER IN THE DESIGNATED BOX. ADDITIONALLY, BRIEFLY DESCRIBE HOW YOU HAVE USED EACH.

1. Have not used.
2. Used with the help of others or only under supervision.
3. Responsible for using in the performance of duties as a journeyman including teaching apprentices/trainees.
4. Have instructed or supervised other journeymen in using on the job and been principally involved in the development of.
5. Have instructed others in a formal classroom setting.

ITEM	Circle Number	Describe how you have used
1. Manufacturer's Instruction Books	1 2 3 4 5	
2. Company Safety Manuals	1 2 3 4 5	
3. State/Federal Safety Regulations	1 2 3 4 5	
4. Operating Instructions for High Voltage Equipment/Substations	1 2 3 4 5	
5. Station One-Line Diagrams	1 2 3 4 5	
6. Electrical Schematics	1 2 3 4 5	
7. Switching orders/programs	1 2 3 4 5	
8. NERC Operating Policies	1 2 3 4 5	
9. Maintenance/Construction - Standards/Procedure/Instructions	1 2 3 4 5	
10. National Electrical Safety Code	1 2 3 4 5	
11. National Electrical Code NFPA 70	1 2 3 4 5	
12. Dispatcher Standing Orders	1 2 3 4 5	
13. Computer Instruction books or on-line tutorials	1 2 3 4 5	

Give an example of a time when you didn't have written or oral instructions to guide your actions so you had to rely on your recall and interpretation of instructions to get the job done. (Use additional pages if needed.)

Give an example of a time when you had to handle several tasks virtually simultaneously under outage or emergency conditions. Explain how you prioritized the work and maintained your composure. (Use additional pages if needed.)

Element 5. Safety

YES	NO	<u>KNOWLEDGE/EXPERIENCE</u>
		1. First Aid/CPR Training
		2. Clearance and tagging procedures training
		3. Passed exams on switching and safety procedures on a high voltage transmission system
		4. Clearance, Safety or lockout procedures training
		5. Installed or directed the installation of personal protective grounds
		6. Received a safety award
		7. Pole Top rescue techniques
		8. Hazardous Materials training
		9. Worked under a Clearance on 500kV transmission system equipment
		10. Worked under at least five clearances on ≥ 115 kV equipment
		11. Clearance Holder under at least five clearances on ≥ 115 kV equipment
		12. Issued at least five clearances on ≥ 115 kV equipment
		13. Received, issued or worked under at least three Hold Orders on Transmission Equipment
		14. Had training on the National Electrical Safety Code
		15. Independently written/developed switching orders/programs to clear high-voltage transmission system equipment.

Have you had a lost time accident in the past 5 years? If yes, explain.

In the last three years, how many days have you missed due to illness?
(You may explain occurrences over 5 days if you desire.)

Have you received a violation of a driving law within the last three years? (Do not include parking violation or charges of which you were found not-guilty)

Yes

NO

If yes then List all violations below.